ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

STEVENS - JOHNSON SYNDROME INDUCED BY SORAFENIB FOR HEPATOCELLULAR CARCINOMA

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Introduction: Sorafenib is an orally active multikinase inhibitor blocking both tumor cell proliferation and angiogenesis. Skin toxicity, such as hand-foot skin reaction (HFSR), is one of the frequent adverse effects of sorafenib; it is dose dependent and disappears with discontinuation of sorafenib. On the other hand, erythema multiforme (EM) and Stevens-Johnson syndrome (SJS) are the very rare side effects of sorafenib. We report a case of SJS caused by sorafenib for hepatocellular carcinoma.

Case Report: 34-year old woman was follow-up in gastroenterology department for hepatocellular carcinoma complicating hepatitis B traited by sebivo, she have been put under Sorafenib, 10 days after the start of Sorafenib the patient presented erythematous itchy rash. Dermatological examination had found: erythematous target lesion , urticarial plaques, purpuric lesions and blisters stretched at the back side of 2 feet and achieving of the buccal and genital mucosa. Admission laboratory tests revealed several abnormal finding:
hypereosinophilia and hepatic cytolysis. Skin biopsy revealed parakeratosis, focal spongiosis, and perivascular inflammation. According to the clinical, biological and histopathologic findings, the patient was diagnosed as having SJS. She discontinued sorafenib therapy and she was treated symptomatically
with good clinical and biological outcome.

Discussion and conclusion: We report the second case of SJS induced by sorafenib for hepatocellular carcinoma; the first one was reported by Ikeda et al in patient with metastatic renal cell carcinoma.
Patients treated with sorafenib for HCC should be monitored closely with a multidisciplinary approach, and if SJS is diagnosed, these patients cannot be given sorafenib again.
We recommended dermatologic examination of patients who have cutaneous eruptions while receiving multikinase inhibitors, and, if necessary, skin biopsy must be performed for distinguishing the cutaneous side effects of these agents. We must be very careful and follow up these patients with a multidisciplinary approach.